Application or Docket Number

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

SHP029

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
(Column 1) (Column 2)						ımn 2)		TYPE			SMALL ENTITY	
TOTAL CLAIMS			23				-	RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			23 minus 20=		* 3			X\$ 9=	27	OR	X\$18=	
INDEPENDENT CLAIMS			<i>(y</i> minus 3 = ★		*	1		X43=	43	OR	X86=	
ML	JLTIPLE DEPEN	NDENT CLAIM PI	RESENT					+145=		OR	+290=	
* If the difference in column 1 is less than zero, e					"0" in c	olumn 2	L	TOTAL	455	OR	TOTAL	
CLAIMS AS AMENDED - PART II										4	OTHER	THAN
		(Column 1)		(Column 2) (C				SMALL	ENTITY	OR	SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
								TOTAL		ا را	TOTAL	
		(0 -1	A	DDIT. FEE		JOH ,	ADDIT. FEE					
		(Column 1) CLAIMS	<u> </u>	(Colum		(Column 3)	ı	······································	ADDI	1 }		ADDI
AMENDMENT B		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	;
\ME	Independent	*	Minus	***	•	=		X43=		OR	X86=	
9	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											
								+145=	,	OR	+290=	
TOTAL ADDIT. FEE										OR ,	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	าก 2)	(Column 3)						
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIO PAID F	BER JUSLY	PRESENT EXTRA	ļ	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	:
ME	Independent	<u> </u>	Minus	***		= .		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+				
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=		OR	+290= :	
**If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											F	
7	The "Highest Num	ber Previously Paid	d For" (Total or	Independe	nt) is the	highest number	r foun	d in the app	ropriate box	in coli	umn 1.	